

EXHIBIT F-1

Indiana Proof of Claim no. 876

**WR Grace**

RUST000138

Bankruptcy Form 10

Index Sheet

Claim Number: 00000876Receive Date: 04 / 25 / 2002**Multiple Claim Reference**

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Attorney Information

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input checked="" type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

910 (Official Form 10)
(Rev. 12/99)

United States Bankruptcy Court Delaware		PROOF OF CLAIM	
In re (Name of Debtor) W.R. GRACE & CO -CONN		Case Number 01-1140	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) INDIANA DEPARTMENT OF REVENUE		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent INDIANA DEPARTMENT OF REVENUE BANKRUPTCY SECTION, ROOM N-203 100 NORTH SENATE AVENUE INDIANAPOLIS, INDIANA 46204			
Telephone No. (317) 232-2293			
Account Or Other Number By Which Creditor Identifies Debtor Fed ID 13-5114230 Tax ID 0001048660		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated 7/17/2001 <input checked="" type="checkbox"/> amends	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal Injury / wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined in U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed From _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED SEE ATTACHMENT		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ 0.00 Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 1,434.58 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ 15,828.88 Specify the priority of the claim.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced after the date of adjustment.</small>	
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$1,434.58 (Unsecured)	\$0.00 (Secured)	\$15,828.88 (Priority)
\$17,263.46 (TOTAL)			
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFF: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IF FOR COURT USE ONLY <div style="text-align: center;"> FILED JAN 28 1 21 PM '02 U.S. BANKRUPTCY COURT DISTRICT OF DELAWARE </div>	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 01/24/02	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Tammy Jones, Supervisor <i>Tammy Jones</i>		

Penalty for presenting fraudulent claim: Fine of up to \$500.00 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 371.

WR Grace

BF 5.18.876

00000876

RECEIVED APR 25 2002

Name: **W.R. GRACE & CO -CONN**
Case No.: **01-1140**
Type of Claim: **Pre-Petition**
Date Filed: **4/2/2001**
Chapter Filed: **11**

Fed. ID#: **13-5114230**
SSN:
Other SSN:
Confirm Date:
1st Amended

Priority and General
Unsecured Claims

TID#:	Tax Type	Liab. #	Type	Tax Period	Due Date	Pen. Rate	Int. Start	Base Tax	Interest	Penalty	Warr. Chrg.	Tot. Claim
0001048660	Corp. Inc.	98-0267654	CAL	3/31/1998		10.00%		644.97	0.00	64.50	0.00	709.47
												Sub-total
												709.47
0001048660	Sales	1999007816	BIA	2/28/1999	3/30/1999	10.00%	3/31/1999	10,356.61	1,479.72	1,035.66		Sub-total
												0.00
												12,871.99
0001048660	With	2000006173	RCH	12/31/2000	1/20/2001	10.00%	1/21/2001	214.83	3.34	21.48	0.00	239.65
0001048660	With	2001007767	LAT	3/31/2001	4/30/2001	10.00%	5/1/2001	3,129.41	0.00	312.94	0.00	3,442.35
												Sub-total
												3,682.00
Totals:								14,345.82	1,483.06	1,434.58	0.00	17,263.46

Secured Amounts
General Unsecured
Priority
Total Claim

\$1,434.58
\$15,828.88
\$17,263.46